

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED
1997 NOV 24 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000015645

1. Corporation Name

BOURNE AND ASSOCIATES, INCORPORATED

Principal Place of Business

Mailing Address

4417 BEACH BLVD.
SUITE 300
JACKSONVILLE FL 32207

4417 BEACH BLVD.
SUITE 300
JACKSONVILLE FL 32207

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/24/1995	
City & State		City & State		5. FEI Number	
Zip		Country		59-3312285	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	



7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	BOURNE, ROBERT H JR.	4417 BEACH BLVD.	JACKSONVILLE FL
V	BOURNE, ROBERT H III	4417 BEACH BLVD.	JACKSONVILLE FL
ST	BOURNE, THOMAS L	4417 BEACH BLVD.	JACKSONVILLE FL

REINSTATEMENT 11/20/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BOURNE, ROBERT H JR.
4417 BEACH BLVD.
SUITE 300
JACKSONVILLE BEACH FL 32207

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc. 800002358108--7
City
-11/26/97-01088-005
***750.00 State FL ***750.00

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Robert H. Bourne
REGISTERED AGENT MUST SIGN

Date 11/20/97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Thomas L. Bourne Thomas L. Bourne
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/20/97 (904) 399-5552
Date Daytime Phone #

CR2E040 (8/97)